

State of Alabama
Unified Judicial System
Form C-21 (Front)

Rev. 10/2023

PROCESS OF GARNISHMENT

ELECTRONICALLY FILED

4/12/2024 11:09 AM

68-SM-2020-900902.00

DISTRICT COURT OF

JEFFERSON COUNTY, ALABAMA

KAREN DUNN BURKS, CLERK

IN THE SMALL CLAIMS COURT OF JEFFERSON (BESSEMER)

NAME AND ADDRESS OF PLAINTIFF (Persons Asserting Claim):
MIDLAND CREDIT MANAGEMENT, INC

NAME AND ADDRESS OF ATTORNEY OR REPRESENTATIVE FOR PLAINTIFF:

Zarzaur & Schwartz, PC
Post Office Box 11366
Birmingham, AL 35202

NAME AND ADDRESS OF GARNISHEE:
Sunbridge Home Health Care, Inc.
AGENT: DAVID STEPHENSON
P O Box 2615
Decatur, AL 35602

NAME AND ADDRESS OF DEFENDANT (Person Whose Property is Subject to Garnishment):

Janice Cunningham

CERTIFIED MAIL

XXX-XX-5402

Defendant's Social Security Number must be redacted according to Alabama Rule 5.1. for full number, please contact Plaintiff's Attorney at 205-250-5320.

401 TIMBERLINE W APT 401

BESSEMER AL 35022-6089

DATE OF JUDGMENT: 12/01/2020

JUDGMENT AMOUNT: \$1,069.06

INTEREST: \$269.42

COSTS: \$184.83

LESS CREDIT: \$0.00

OTHER: \$0.00

TOTAL: \$1,523.31

AFFIDAVIT

- A. I make oath that I have obtained the above judgment and believe the named Garnishee is or will be indebted to the named defendant or has or will have effects of the defendant under the Garnishee's control. I believe that a Process of Garnishment against the Garnishee is necessary to obtain satisfaction of the judgment.
- B. If the garnishment is for wages, salary or other compensation, I further make oath that the amount to be withheld must be:
- ☒ 25% of disposable earnings for the week OR the amount by which disposable earnings for the week exceed 30 times the federal minimum hourly wage in effect at the time the earnings are payable, WHICHEVER IS LESS, OR
 - ☐ 20% of disposable earnings for the week OR the amount by which disposable earnings for the week exceed 50 times the federal minimum hourly wage in effect at the time the earnings are payable, WHICHEVER IS LESS, which amount is in compliance with the instructions on the reverse side of this form.
- C. I hereby request disbursement of amount periodically paid into court pursuant to this garnishment.

Sworn and subscribed before me on the date set out below.

/s/ Kelly L Pugh, Notary

Public, my commission

expires August 20, 2024

Signature of Officer Authorized to Administer Oaths/Notary Public

Notary Public Only: My Commission expires on:

/s/ Michael D.

Beach (BEA075)

Digitally signed by /s/

Michael D. Beach (BEA075)

Date: 2024.04.11 13:36:03

-05'00'

Affiant/ Attorney (signature)

This communication is from a debt collector and is an attempt to collect a debt. Any information obtained will be used for that purpose.